

SECOND REGULAR SESSION

HOUSE BILL NO. 1050

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MOLENDORP.

4302L.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto two new sections relating to insurance coverage for certain services.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be known as sections 376.1226 and 376.1227, to read as follows:

376.1226. 1. No contract between a health carrier or health benefit plan and a dentist for the provision of dental services under a dental plan shall require that the dentist provide dental services to insureds in the dental plan at a fee established by the health carrier or health benefit plan if such dental services are not covered services under the dental plan.

2. For purposes of this section, the following terms shall mean:

(1) "Covered services", services reimbursable by a health carrier or health benefit plan under an applicable dental plan, subject to such contractual limitations on benefits as may apply, including but not limited to deductibles, waiting periods, or frequency limitations;

(2) "Dental plan", any policy or contract of insurance which provides for coverage of dental services;

(3) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(4) "Health carrier", the same meaning as such term is defined in section 376.1350.

376.1227. 1. No contract between a health carrier or health benefit plan and an optometrist for the provision of optometric services under a vision plan shall require that

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

3 the optometrist provide optometric services to insureds in the vision plan at a fee
4 established by the health carrier or health benefit plan if such optometric services are not
5 covered services under the vision plan.

6 2. For purposes of this section, the following terms shall mean:

7 (1) "Covered services", services reimbursable by a health carrier or health benefit
8 plan under an applicable vision plan, subject to such contractual limitations on benefits as
9 may apply, including but not limited to deductibles, waiting periods, or frequency
10 limitations;

11 (2) "Health benefit plan", the same meaning as such term is defined in section
12 376.1350;

13 (3) "Health carrier", the same meaning as such term is defined in section 376.1350;

14 (4) "Vision plan", any policy or contract of insurance which provides for coverage
15 of vision care services.

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